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Dr. Quentin Rae-Grant,  
Chairman,  
Board of Directors,  
Canadian Psychiatric  
Association,  
(Att: Alex Saunders)  
204-294 Albert St.,  
Ottawa.

K1P 6E6

May 1, 1989

Dear Dr. Rae-Grant,

Over the past few decades there has been increasing recognition of the effects of natural and synthetic chemicals on the central nervous system, particularly in people with idiosyncratic sensitivities. A 1985 provincial commission in Ontario related symptoms including hyperactivity, anxiety, depression, reduced cognitive functioning, and even some affective disorders.

Unfortunately, some psychiatrists are still unaware of these disorders, and dismiss reported symptoms as psychosomatic, or deal with their psychological manifestations without understanding or exploring the possibility of environmental causes. As usual, on any issue, in any professional or other group, a few empty tin cans have expressed unhelpful views on this subject, either dismissing the concern out of hand, or making unreasonably grand claims in its realization.

This is a plea that the Canadian Psychiatric Association would help in increasing professional awareness of this concern, and avoid dismissing those who are aware of these reactions simply because they, as responsible professionals, may not yet be comfortable in their understanding of the mechanism(s) by which they occur. Statements to the effect that people who are aware of having these reactions are deluded have, unfortunately, had a devastating effect on people's personal and professional credibility. Families have broken up, when one family member has been advised by an uninformed professional that the other is suffering from "an obsession". Professional reputations have been ruined. People haven't been able to get reasonable accommodation in the workplace. Some died, some by suicide.

Environmental sensitivities, like most disabilities, are manageable, and need not interfere unduly in a person's life.

Diabetics take their insulin, epileptics their medication, and others have other means of dealing with their disabilities. For us, because the best treatment method available at the moment is avoidance, involving the environment, management of the problem requires the co-operation of others. Most people will help; people are like that.

But when friends, employers, teachers, family, or others think the problem is delusive, they are disinclined to help, and a manageable problem becomes impossible to deal with. There are instances of persons with this problem actually being taunted by people in the medical community, who simply don't believe that which they do not understand, and feel a need to ridicule it. (These cases, of course, are rare.)

As the condition often involves symptoms of the central nervous system, and as there has been a denial stage in the medical profession on the existence of these disorders, many people with the problem have had to search high and low before finding a doctor familiar with the problem. George Thomson (who did an Ontario government report on the subject, and who is now Deputy Minister of Citizenship) recommended retraining for doctors, education in the health care community, and "collaborative efforts" that would help "a growing number of patients".

Thomson's panel of doctors called for an end to "acrimonious debate" in the medical community, describing some extreme positions as "clearly untenable". One of the unhelpful extremes listed was "all the identified patients are emotionally ill." The Ontario Medical Association recently wrote Premier Peterson's office stating that patients "are ill" with a condition (or conditions) that are "not well defined scientifically" but that in the meantime we should "avoid blaming the victim".

A helpful bibliography is contained in Section "B" of the Health and Welfare publication "Healthy Environments for Canadians", available from Dr. Irv Rootman, at (613) 957 8567. It lists articles going back for decades.

Because it's taken most of us some searching to find doctors familiar with the problem and able to deal with it, the thinking is that there are many more people "coming down the pipe". Because the problem often causes central nervous system symptoms, most involved feel there are many psychiatric patients who may, unknowingly, be suffering the effects of a chemical sensitivity, whether it be toxic, immunological, or simply a result of poor "waste management" in the body.

I urge you not to form your opinion on my lay expression of the concern, nor on the Rushtonesque arguments on both sides of the issue. The simple fact is that thousands of people have now been diagnosed, the problem is recognized by WHO, Britain's medicare, NASA, the Canadian Human Rights Commission, and several

federal and provincial departments and ministries.

Due to the insensitivity of some members of your profession, albeit a minority, many with the problem have been put off, and are not receiving psychiatric help they deserve, and need. Any chronic disability can be hard to cope with, but one that intermittently affects the central nervous system brings unique psychological and personal problems, and, as mentioned above, many with the illness(es) require counselling and other assistance they may not be getting.

Conversely, some psychiatric patients, we can safely predict, are sick only because of the destabilizing influence of undiagnosed sensitivity reactions; they deserve to be "rescued". Your organization probably knows how to do this better than anyone, and probably wants most to do it.

(I'd be most happy to know that you'd already started.)

Sincerely,

Chris Brown  
(613) 837 7173